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ANNOUNCEMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Alcohol, Drug Abuse, and Mental Health Administration
National Institute on Alcohol Abuse and Alcoholism

PROGRAM ANNOUNCEMENT AND GUIDELINES

FOR

ALCOHOLISM TREATMENT AND REHABILITATION SERVICE GRANTS

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TABLE OF CONTENTS

PROGRAM ANNOUNCEMENT.....Page 1

I. Introduction (Legal Authority)..... 1
II. Purpose, Priorities and Available funding..... 2
III. Eligibility Requirements of Applicant..... 2
IV. Application Information 2
V. Terms and Conditions of Support 2
VI. Special Reporting Requirements 3
VII. Application Receipt Dates 4
VIII. Application Procedures 4-8
IX. Review Criteria 8-10
X. Award Criteria 10
XI. Other Related NIAAA Programs 10
HEW Regional Offices ADAMHA Staff 11

GUIDELINES AND SPECIAL INSTRUCTIONS..... 12

I. Introduction 12
II. Procedures for Review of Grant Application 12
III. Special Instructions..... 13
A. Budget Information 13
B. Needs and Problems to be Addressed by Project 14
C. Program Philosophy 16
D. Goals and Objectives 16
E. Services to be Provided 17
F. Project Staffing and Organization 19
G. Client Eligibility Requirements 21
H. Community Involvement 21
I. Project Evaluation 22

Attachment A - Appendices 23

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Alcohol, Drug Abuse and Mental Health Administration
National Institute on Alcohol Abuse and Alcoholism

PROGRAM ANNOUNCEMENT

FOR

ALCOHOLISM TREATMENT AND REHABILITATION SERVICE GRANTS
(Federal Domestic Assistance Catalog No. 13.252)

Introduction

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) provides awards for alcoholism treatment and rehabilitation services projects. These projects are authorized under Section 311 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act as amended (42 U.S.C. 4577). Title 42, Part 54a (Subparts A and D) of the Code of Federal Regulations is applicable to these projects.*

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*Applicants should be aware that portions of the following regulations may also be relevant and applicable:

42 CFR Part 2	Confidentiality of Alcohol and Drug Abuse Patient Records.
42 CFR Part 50	Health Services Funding
42 CFR Part 122	Health Systems Agencies
45 CFR Part 15	Relocation Assistance and Real Property Acquisition Policies
45 CFR Part 16	Department Grant Appeals Process
45 CFR Part 46	Protection of Human Subjects
45 CFR Part 74	Administration of Grants
45 CFR Part 75	Informal Grant Appeals Procedures
45 CFR Part 80	Nondiscrimination under Programs Receiving Federal Assistance through the Department of Health, Education, and Welfare Effectuation of Title VI of the Civil Rights Act of 1964.
45 CFR Part 81	Practice and Procedure for Hearings Under Part 80 of this Title.
45 CFR Part 84	Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance
45 CFR Part 86	Nondiscrimination on the Basis of Sex in Education Programs and Activities Receiving or Benefiting from Federal Financial Assistance
45 CFR Part 91	Nondiscrimination on the Basis of Age in Programs or Activities Receiving Federal Assistance

*Sections of the Code of Federal Regulations are available in booklet form from the U.S. Government Printing Office, Washington, D.C. 20402.

best copy available

II. Purpose of the Program, Program Priorities, and Available Funding

The purpose of Alcoholism Treatment and Rehabilitation Services Program is to provide for the availability of high quality treatment and rehabilitation services to alcohol abusers and alcoholics in cooperation with accessible and available community-based resources such as social service agencies, schools, Alcoholics Anonymous, hospitals, law enforcement agencies, community mental health centers and other public and voluntary agenices.

Applicants may choose one or more types of target populations according to local needs and their own service delivery philosophy. Current priorities are alcoholism services focused on women, youth, American Indians/Alaskan Natives, racial and ethnic minorities, the elderly, victims of alcohol-related domestic violence, the handicapped, families of alcoholics and individuals in geographic areas where such services are not otherwise adequately available.

Approximately $15 million was obligated in fiscal year 1980 to fund new and competing renewal projects. It is expected that approximately $20 million will be made available in fiscal year 1981 to fund new and competing renewal grants for these programs. Although the majority of these funds will be utilized to fund renewal projects, it is anticipated that some new projects will be funded.

III. Eligibility Requirements of Applicant

Any public or private nonprofit entity is eligible to apply for alcoholism treatment and rehabilitation project grants. Proof of nonprofit status must be submitted with the application, or, if previously filed with the Public Health Service, the applicant must state where and when and to what agency the proof was submitted. Applicants should provide evidence of appropriate financial and management capabilities in accordance with the grant application instructions.

IV. Application Information

Applications should be submitted on Form PHS 5161-1. Application kits which include the necessary forms and instructions are available through the office of the State Alcoholism Authority (SAA). Applicants should also seek technical assistance from the SAA and/or NIAAA, as necessary, in developing an application.

V. Terms and Conditions of Support

Grants can be awarded for project periods of not more than five years, with the opportunity of competing for additional five year periods of support based on a review of the scope and quality of project achievements during the initial five years. Project grants for American Indian/Alaskan Native alcoholism programs will continue to be funded for project periods of not more than three years.

Funds received under this program must be used only to supplement, not supplant, the existing level of grantee funds, if any. Special emphasis is placed on the development of self-supporting programs during the project grant years to assure continuation of treatment services beyond the Federal funding period (except for American

Indian/Alaskan Native alcoholism treatment programs which are assured continued support under the aegis of the Indian Health Service subject to annual review and the availability of funds).

The direct cost is any cost that can be identified specifically with a particular cost objective. Example of allowable direct cost expenditures include, but are not limited to: personnel, consultant costs, equipment, supplies and travel.

Indirect costs applicable to alcoholism treatment and rehabilitation services project grants are entitled to full reimbursement. These indirect costs are all allowable costs incurred by an organization that are not readily identifiable with a particular project, but are nevertheless necessary to the organization in the performance of its alcoholism treatment and rehabilitation project. Details concerning indirect costs and other terms and conditions of support may be found in the Public Health Service Grants Policy Statement, DHEW Publication No. (OS) 77-50,000 (Rev.) October 1, 1976, provided at the time a new award is made.

The Project Director must, unless otherwise justified, devote full time to the project. The concurrence of the Project Director is required in both the expenditure of all direct cost funds provided under the grant and in all personnel decisions involving personnel supported by the grant. The prior approval of NIAAA must be sought for the selection and replacement of each Project Director, and also for any revision of project goals and objectives or for changes in the types of services provided.

VI. Special Reporting Requirements

All treatment projects must participate in the National Alcoholism Program Information System (NAPIS) approved by the Institute. NAPIS requires the regular submission of two principal kinds of data:

- Client Profile Data for documentation of progress in relation to direct services provided and client characteristics;
- Agency Activities Data, which are primarily for management and administrative use.

Applicants should make specific provision for this activity in both the budget and narrative sections of the grant application. Formal training will be provided by NIAAA to implement the NAPIS system.

As part of each annual continuation application, a progress report must be submitted to describe evidence of goals attained, problems encountered and resolutions attempted, development of non-Federal support, volume and results of services rendered, a summary of Advisory Committee activities, personnel changes and future activities planned.

A final report of expenditures and program progress must be submitted to NIAAA within 90 days after the end of termination of the annual award. In addition, any publications resulting from the programs activities must be reported to NIAAA.

VII. Application Receipt Dates

Receipt dates for all competing Applications	IRG Technical Review	Council Review	Earliest Possible Funding
February 1	June	Sept./Oct	December 1
June 1	Oct/Nov.	Jan./Feb.	April 1
October 1	Feb./Mar.	May/June	August 1

Copies of the completed application must be distributed as follows:

One (1) copy to: The State Alcoholism Authority
One (1) copy to: The HHS Regional Office
One (1) copy to: The State A-95 Clearinghouse
One (1) copy to: Each HSA involved

The applicant shall submit a copy of its application to the State Alcoholism Authority for review and comment. The SAA shall be given not more than thirty (30) days from the date of receipt of the application, to submit in writing to NIAAA, Grants Management Branch, an evaluation of the project or program set forth in the application. The SAA shall also furnish the applicant a copy of any such evaluation.

Applicants must provide written evidence to NIAAA that they have submitted copies of their application to the above agencies, as appropriate, by submitting a copy of their transmittal letter sent to each agency. Applications will not be reviewed unless all the above required copies of transmittal letters are received.

Contact Office Where More Information Can be Obtained:

Division of Special Treatment and Rehabilitation
Special Projects Branch
National Institute on Alcohol Abuse and Alcoholism
Room 11A-02, Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: 301-443-1374

VIII. Application Procedures

A. Applications for New and Renewal Grants

In order to apply for a grant under this Announcement, the applicant must complete Grant Application Form PHS 5161-1 in accordance with Special Instructions for Alcoholism Treatment and Rehabilitation Grants of this Announcement.

Grant Applications (signed original and six copies) are to be submitted so as to arrive in accordance with the receipt date schedule of this Announcement to:

Division of Research Grant
National Institutes of Health
5333 Westbard Avenue
Bethesda, Maryland 20205

B. Applications for Continuation Grants

NIAAA will notify the grantee of the receipt date for its annual noncompeting continuation at least two (2) months prior to such date. In addition to the requirements contained in a Special Instruction Sheet in the continuation application kits, the application should consist of completed Form PHS 5161-1, and include the following, using continuation pages as necessary: (a) a budget for the continuation period with justification for any changes from the previous budget, (b) a Progress Report in accordance with instructions in the Special Instruction Sheet, and (c) new goals and objectives for the coming year, including planned phased activities, with justifications.

C. General Instructions: Competing Supplemental Grant Applications

A supplemental grant application may be submitted by currently supported NIAAA grantees if additional funds, over those in the approved budget, are required to expand the grantee's existing and approved services or activities, to the same population group or groups. If a currently supported NIAAA grantee wishes to expand its existing and approved program of services, to a population group(s) previously not served or approved to be served, it must submit a new application.

Supplemental grant applications are subject to the same receipt dates, processing and competition for available funds as a new application.

> A supplement may be requested for any budget year of a project period, including the current one if it will not terminate before the review of the application has been completed. If a supplement is requested for the current year, the termination date of the first budget period should be the same as that of the current grant year, regardless of the beginning date. For supplements to future years of an approved project, the beginning and ending dates must be the same as those of the corresponding years of the parent grant.

A supplemental application should be completed in accordance with the requirements and instructions of PHS 5161-1. The application must consist of a: (1) summary description of the funded project to provide background for the request; (2) a description of the events and needs which led to the request for the supplemental funds; (3) all specific documentation and justification for the request; (4) a program narrative which clearly describes the proposed expansion of the existing and approved services and

activities of the grantee; (5) all relevant supporting documentation needed to update and cover the requested expansion of services and activities; (6) a statement fully describing how the supplement, or the lack of it, will influence the goals and objectives of the project or the unmet needs of the population groups the project was designed and approved to serve; (7) a Progress Report, providing a full description of the progress made toward achieving the goals and objectives of the project since its inception. The Program Guidelines should be used as a check list in the presentation of the above specific instructions as the basic reference point.

It is not necessary that applicants duplicate their original application. What is important is the applicant clearly communicate the required items one through seven stated above. As applicable, reviewers will be provided copies of the grantee's original or renewal application by NIAAA staff.

The PHS 5161-1 budget sheet(s) should only show the supplemental funds requested, as part of the justification of the budget; however, the applicant must provide a statement indicating any changes which have been made, or are intended to be made, in the allocation of funds in the categories for the most recently approved corresponding budget periods of the project.

D. HSA Review

Applications submitted under this Announcement are subject to Health Systems Agency (HSA) review and approval or disapproval. Some applications may affect more than one health service area and therefore each affected HSA must be provided the opportunity to review, and approve or disapprove the application. However, the decision of each HSA will apply only to the use of Federal funds in its own health service area. It is strongly suggested that applicants consult with the HSA(s) in advance of submitting their application. Since HSA(s), in conducting their reviews in accordance with statutory requirements, may need additional information than that required by NIAAA, a pre-application conference is recommended to enable you to (1) be responsive to the informational needs of the HSA(s), and (2) gain an understanding of the local health systems plan, the procedures for HSA review (including opportunity for public hearings), and the review criteria adopted by the HSA(s)).

The application must be submitted simultaneously to NIAAA and the appropriate HSA(s). The HSA(s) have seven (7) days in which to notify the applicant and other affected individuals of the beginning of its review and sixty (60) days from the date of such notification to review and approve or disapprove the application.

Copies of all noncompeting continuation grant applications must be sent to the HSA(s) for review and comment. Noncompeting continuation applications are subject to HSA review and approval, if:

a. An HSA has requested NIAAA to have the application subject to HSA review and approval nine (9) months in advance of the scheduled date of the continuation grant award; or

b. The applicant proposes a change in the funding level of 20 percent or more from that previously approved for the requested year; or

c. The applicant or NIAAA determines that there has been a substantial change in the actual or proposed use of Federal funds; defined as: New or changed activities that may alter the direction, nature, scope, location or scale of the project being supported or which might involve changes in the beneficiary population or target group being served; or

d. There has been no other submission according to the above circumstances within a five (5) year period beginning November 8, 1979, (122.408(b)), and every five years thereafter.

E. Appeal of an HSA Disapproval

If your application is disapproved by an HSA, you may request a review of this disapproval in accordance with the provision of 42 CFR Part 122, Subpart E, Section 122.415. The request for review must be written and postmarked no later than 15 days after the postmark date of the HSA disapproval notification. Failure to submit the request in a timely manner will make the request ineffective. Your request for review should be addressed to the Administrator, Alcohol, Drug Abuse, and Mental Health Administration, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857. Your request for review must be accompanied by a statement justifying approval of the proposed use of Federal health funds notwithstanding HSA disapproval. This statement must clearly identify the issues in dispute, explain your position with respect to such issue(s), and the pertinent facts and reasons in support of such position. You must attach a copy of the HSA disapproval to your request for appeal. A copy of your request must also be submitted to the HSA, to the appropriate State Health Planning and Development Agency, and to the Director, National Institute on Alcohol Abuse and Alcoholism, Room 16-105, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857. In addition, a copy or summary of the disapproved application must be submitted to the SHPDA. All correspondence must be sent via certified and registered mail - return receipt requested, or delivered by hand with a written acknowledgement of receipt being given.

F. A-95 Clearinghouse Review

Part I of Office of Management and Budget Circular A-95 requires that an applicant seeking grant support under this program notify the appropriate State and areawide Clearinghouses of its intention to apply for Federal assistance. If the application is for a Statewide project that does not affect areawide or local planning and programs, the notification should only be sent to the State Clearinghouse.

This notification should be accomplished as early as possible since the State Clearinghouses are permitted up to 30 days to review such a Notice of Intent. If the State Clearinghouse, within 30 days, does not comment on the Notice of Intent or instruct the applicant to do otherwise, the final application may be submitted to the Federal agency from which funds are being requested. If the applicant does not submit a Notice of Intent to the State Clearinghouse, the applicant must submit a copy of the final application to the Clearinghouse, which has 60 days to review and comment prior to the submission of the application to the Federal government.

Evidence that one of the following action has taken place must be submitted as an Appendix to the final application:

1. A Notice of Intent and/or a copy of the application was submitted to the Clearinghouse and no comments were received in the allowable time for review, or

2. Comments provided by the Clearinghouse as a result of its review of a Notice of Intent, and/or an application.

IX. Review Criteria

The following are the general criteria and particular means used by technical reviewers to judge the comprehensiveness and quality of the application. These criteria will also be used to evaluate the quality of activities to be performed by third parties.

1. Demonstrated Need for Proposed Project

The applicant's knowledge of the service area and its sensitivity to the needs of the target population will be judged on the basis of the following: a) the description given of the geography and population of the target or service area; b) the presentation of an estimate of the prevalence of problem drinking or alcoholism in the general population which is based upon one or more of the standard means of making such estimates; and c) a description of existing alcoholism services; and d) the extent to which competing continuation applicants have documented the continued need for the project as well as the need for continued NIAAA financial assistance.

2. Quality of Services Proposed

Direct client services of professional quality are the core consideration of any application. Applicants should not assume that reviewers are familiar with the project's philosophy of alcoholism, its etiology and treatment. These must be expressed along with related project goals and measurable objectives. The quality of direct client services (outreach, intake, assessment and planning, treatment, record-keeping, referrals and continuity of care, social and rehabilitative services, discharge and follow-up or after care), their location, facilities, hours and staffing, and their relation to stated philosophy, goals and measurable objectives will be assessed. Also, for competing continuations, an assessment will be made of the extent to which the progress report contains documentation that services provided have been of high quality as evidenced by information required in the Supplemental Instructions for PHS 5161-1 for Competing Continuation Applications.

3. Internal Project Management

The capacity of the applicant to administer the proposed project will be judged on the basis of the description of its history, its past and current activities, its organizations, methods of developing and promulgating project policies, the staffing and staff supervision and training proposed, and its plan for project evaluation.

4. Community Consultation and Support, and Coordination with Existing Resources

One recommended mechanism for assuring and demonstrating community support and consultation for the formulation, implementation and evaluation of an alcoholism treatment and rehabilitation services project is through a Citizens Alcoholism Advisory Committee having defined responsibilities and functions. Reviewers of applications will determine from information provided in the application the extent to which this committee represents the population to be served, including minorities and recovered alcoholics. Reviewers will pay special attention to the extent and appropriateness of coordination with existing resources in the service area. Reviewers will also examine the adequacy of any proposed use of contracts against descriptions of existing community resources, direct and indirect client population, and the required contents of such contracts as delineated in part B,4 of the Guidelines and Special Instructions for PHS 5161-1 Application for Alcoholism and Rehabilitation Services Program Grants.

5. Quality of Evaluation Plan

Reviewers of applications will examine the relationship of project goals and objectives to project philosophy, the measurability of project objectives, the suitability of the data collection and data analysis systems, and the proposed practical use of the results of data analysis.

6. Clarity and Justification of Budget

The justification of each budget item will be examined along with estimate costs per unit of service and other budgetary and fiscal requirements described in Part III, of the Guidelines and Special Instructions.

X. Award Criteria

Applications recommended for approval by the National Advisory Council on Alcohol Abuse and Alcoholism will be considered for funding on the basis of overall technical merit of the proposal, comments, if any, of the State Alcoholism Authority, relevance to NIAAA program interests, adequacy of management system, and the availability of funds. Applicants will be notified in writing by NIAAA of the final action on the application. Approved applications not funded because of unavailability of funds within 18 months of a National Advisory Council recommendation of approval will be administratively withdrawn.

XI. Other Related NIAAA Programs

Related NIAAA programs are Occupational Alcoholism Services Grants and Alcoholism Services Demonstration/Evaluation Grants. Announcements, instructions and guidelines for these programs are also available through the State Alcoholism Authority.

DHHS REGIONAL OFFICES ADAMHA STAFF

REGION I	Division of Alcohol, Drug Abuse and Mental Health Programs, DHHS Region I John F. Kennedy Federal Building, Room 1409 Boston, Massachusetts 02203 - 617/223-6824	Connecticut, Maine Massachusetts New Hampshire Rhode Island Vermont
REGION II	Division of Alcohol, Drug Abuse and Mental Health Programs, DHHS Region II 26 Federal Plaza New York, New York 10007 - 212/264-2567	New York New Jersey Puerto Rico Virgin Islands
REGION III	Division of Alcohol, Drug Abuse and Mental Health Programs, DHHS Region III Post Office Box 13716 Philadelphia, Pennsylvania 19101 - 215/596-6678	Delaware Maryland Pennsylvania Virginia West Virginia Washington, D.C.
REGION IV	Division of Alcohol, Drug Abuse and Mental Health Programs, DHHS Region III 101 Marietta Tower, Suite 1209 Atlanta, Georgia 30323 - 404/221-2000	Alabama, Florida Georgia, Kentucky Mississippi North, South Carolina Tennessee
REGION V	Division of Alcohol, Drug Abuse, and Mental Health Programs, DHHS Region V 300 South Wacker Drive, 33rd Floor Chicago, Illinois 60606 - 312/886-3867	Indiana Illinois Michigan Minnesota, Ohio Wisconsin
REGION VI	Division of Alcohol, Drug Abuse and Mental Health Programs, DHHS Region VI 1200 Main Tower Building, Room 1700 Dallas, Texas 75202 - 214/767-3081	Arkansas Louisiana New Mexico Oklahoma Texas
REGION VII	Division of Alcohol, Drug Abuse and Mental Health Programs, DHHS Region VII 601 East 12th Street Kansas City, Missouri 64106 - 816/374-5291	Iowa Kansas Nebraska Missouri
REGION VIII	Division of Alcohol, Drug Abuse and Mental Health Programs, DHHS Region VIII 1961 Stout Street Denver, Colorado 80202 - 303/837-2555	Colorado Montana North, South Dakota Utah Wyoming
REGION IX	Division of Alcohol, Drug Abuse and Mental Health Programs, DHHS Region IX Federal Office Building, Room 322 50 United Nations Plaza San Francisco, California - 415-556-2215	Nevada Arizona California American Samoa Wake Islands Guam, Hawaii
REGION X	Division of Alcohol, Drug Abuse and Mental Health Programs, DHHS Region X 1321 Second Avenue, Arcade Plaza Seattle, Washington 98101 - 206/442-0524	Alaska Idaho Oregon Washington

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Alcohol, Drug Abuse and Mental Health Administration
National Institute on Alcohol Abuse and Alcoholism

GUIDELINES AND SPECIAL INSTRUCTIONS FOR ALCOHOLISM TREATMENT AND REHABILITATION SERVICES GRANTS

I. Introduction

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) provides awards for alcoholism treatment and rehabilitation services projects. These grants are authorized under Section 311 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended (42 U.S.C. 4577). Title 42, Part 54 A (Subparts A and D) of the Code of Federal Regulations is applicable to these projects.

The purpose of this program is to assure the availability of high quality treatment and rehabiliation services to alcohol abusers and alcoholics in cooperation with accessible and available community-based resources such as social service agencies, schools, Alcoholics Anonymous, hospitals, law enforcement agencies, community mental health centers, and other public and voluntary agencies. Current priorities of this program are alcoholism services focused on women, youth, American Indians/Alaskan Natives, racial and ethnic minorities, the elderly, victims of alcohol related domestic violence, the handicapped, families of alcoholics, and individuals in geographic areas where such services are not otherwise adequately available.

Information regarding eligibility requirements and administrative, fiscal and programmatic terms and conditions under this program are found in the accompanying Program Announcement.

II. Procedures for Review of Grant Applications

Grant applications will be considered under a dual review system. This consists of a technical merit review by an Initial Review Group (IRG) whose members are experienced in the field of alcohol abuse and alcoholism treatment programming. A final review is then conducted by the National Advisory Council on Alcohol Abuse and Alcoholism.

In judging the technical quality of each grant application, the reviewers also consider the recommendations and comments of the State Alcoholism Authority, Health Systems Agency, and the HHS Regional Office insofar as they are related to technical merit.

III. Special Instructions

To ensure that the budget information requested in Part III of PHS 5161-1 and the program narrative requested in Part IV of PHS 5161-1, contain sufficient information to allow for a technical merit review, as well as grant and program management review, of any proposed alcoholism treatment and rehabilitation services project, each application for such a program grant must include the following information in the order outlined below, with continuation pages utilized as necessary.

A. Budget Information (PHS 5161-1, Part III)

This section of the application must include properly executed Application for Federal Assistance Form PHS 5161-1, Part III, Section A-F. The forms must be accompanied by a justification for all budget terms. As part of Part III, Budget Information, the following must be provided on continuation pages:

1. A detailed itemization of all non-personnel budget categories

2. Anticipated program income and non-Federal program funds (both cash and in kind) must be itemized by source.

3. The applicant must describe its system for billing and collection of fees and a sliding-fee scale. There must be a plan for the periodic updating of the sliding-fee scale.

4. Estimates of the costs per unit of service (inpatient day, out-patient hour, intermediate care day, etc) should be provided.

5. The application must describe how the project will become self sufficient.

6. Each applicant must submit a plan for obtaining non-NIAAA support for each project year, including a description of sound financial management procedures to recover third-party revenues to the maximum extent possible, garner all other available Federal, State, local and private funds, and charge clients according to their ability to pay without creating a barrier to services. All third-party payors under legal obligation or authorized to pay all or a portion of charges for services must be billed for covered services. The applicant must describe a procedure for identifying the persons who are eligible for third-party reimbursement.

   American Indian/Alaskan Native alcoholism programs are exempt from No. 5 and No. 6 above because they are assured continued support under the aegis of the Indian Health Service subject to an annual review and the availability of funds.

THE FOLLOWING SECTIONS B THROUGH I REPLACE THE GENERAL INSTRUCTIONS FOR COMPLETING PART IV OF PHS 5161-1, ENTITLED "PROGRAM NARRATIVE"

It is requested that the Program Narrative Section of the application be preceded by an Executive Summary not to exceed one page of the proposal.

It is requested that the applicant develop a cogent and complete Executive Summary of the grant application,not to exceed one page, placing it immediately after Page 1 of the PHS Form 5161-1. The Executive Summary should clearly present the grant application, in summary form, from a "who-what-when-how-where" point of view and be written so reviewers can see the multiple parts of the application fitting together to form a coherent unity.

B. Needs and Problems to be Addressed by the Project

1. Description of Service Area

The area to be served should be fully described. Include geographic and demographic characteristics, and use maps, graphs, and charts as appropriate. The location of the area within a State, region or county should be clearly presented as well as any unique features such as natural barriers to transportation or communication.

The population of the areas should be described in considerable detail, including its composition, i.e. age, sex, race/ethnicity, geographic distribution, socioeconomic status, employment, unemployment patterns, education, household composition, transient population (if any), and any seasonal changes in the population (eg. migrants, etc). Population trends over time should be presented, including projections of future trends. Unique lifestyles or subcultures should be discussed including the presence of persons of limited English-speaking ability in the population.

2. Size and Characteristics of Alcoholic Population

The application must present a detailed description of the alcohol-related problems in the community and the specific needs which the proposed project will address. This description should be quantitative information whenever possible. It should include, for example, recent statistics for various types of encounters with alcoholic persons, arrests and convictions, hospital admissions, deaths, or referrals by correctional, social or educational agencies and institutions.

An estimate of the incidence and prevalence of problem drinking or alcoholism in the proposed targeted population and/or service areas must be presented. One method of estimating the prevalence of alcoholism is set forth in "A Procedure for Estimating the Potential Clientele of Alcoholism Services Programs", by Dr. Parker G. Marden, which is included in the application kit.

Additional statistical information may be available from local planning agencies, the Health Systems Agency and the State Alcoholism Authority. In all statistical presentations, the applicant must give the source, date, and method of arriving at quoted figures.

3. Description of Applicant Agency

Applications must contain a brief history and a description of the current activities of the applicant agency or organizations. Applications must also contain a description of the organizational structure and an organizational chart of the applicant agency.

4. Coordination with Existing Resources

Applicants must be familiar with existing resources in their communities, including Community Mental Health Centers, Alcoholics Anonymous and social service agencies, etc. A clear explanation of how the proposed project will supplement, not supplant existing services must be given. Existing alcoholism treatment and ancillary services within the community should be clearly described. Factors to be presented include location, scope of services provided, admissions criteria, and description of population served.

Whenever a principal activity of the grant-supported project (e.g. provision of essential services or conduct of evaluation) will be carried out by a third party, NIAAA must provide prior approval, and such arrangements must be specified in a contract between the grantee and the third party (whether or not exchange of funds is involved). The application must contain sufficient information for NIAAA to make a judgement as to the need and propriety of the contract. Such information as (1) the name(s) of third parties involved, (2) specified programmatic and management arrangements including project staffing pattern, number of clients to be served, area and population to be served, types of services to be provided, etc., (3) rationale for use of third parties to provide specific services, (4) and the criteria and procedures used to select third parties must be included in the application. The applicant may wish to submit a copy of the proposed contract to satisfy this requirement.

Should the applicant be unable to identify the third party/parties, due to a legal or policy requirement to submit to competitive bidding, the applicant should submit the proposed statement of work to include a description of the items under III Special Instructions B, pages 14-16 of this document.

The contract between the grantee and a third party should include such details as a description of the activities or functions involved, the units of service to be delivered, the period of time covered by the agreement, the terms under which the contract could be terminated, a breakdown and justification for the costs to the grantee (if any), disposition of any income generated by the services, matching/ cost sharing arrangements, accountability, the referral mechanism to be employed (including timely transfer of appropriate clinical records), the follow up process to be employed, adherence to the Federal regulations on confidentiality of alcohol and drug abuse client records, administrative mechanisms to be employed, etc. Third parties must meet the same PHS policy and regulatory requirements as the applicant organization, and the written agreement therefore should assure that these applicable requirements flow through to the third party.

For further information, consult the PHS Grants Administration Manual Chapter 1-430.

C. Program Philosophy

The applicant must clearly describe its program philosophy. This philosophy must be reflected in the program design and treatment approach, and also reflect the applicant's sensitivity to its community and proposed clientele.

D. Goals and Objectives

The applicant must describe the overall goals of the proposed project. Goals must be directed toward successful implementation of the treatment philosophy and reflect the purposes for which the project has been designed. (Example: Goal: "To reduce the incidence of alcoholism in the target population"). Objectives must be supportive of achievement of the goals, must be measurable and must have a specific time-frame. (Example: Objective: Provide individual counseling for 100 clients during the next year). Objectives must realistically reflect the sensitivity of the applicant to the sexual, ethnic, and cultural characteristics of the targe population.

The applicant should also specify which project service (see next section, "E. Services to be Provided") or individual staff person is responsible for each objective. By means of a client flowchart for project services, the number of clients to be served must be projected for each program component such as inpatient, outpatient, residential, etc. Specific tasks and activities to be carried out in pursuit of these objectives should also be outlined and each should be tied to a specific objective and time-frame.

E. Services to be Provided

Services to be provided must be described in detail. The method by which the project plans to identify, admit, treat, discharge, and follow up alcoholic persons and their families must be presented in terms of the continuity of services a client would receive from the time he/she is identified, to the time of discharge from treatment and subsequent followup. Services targeted to the criminal justice population - inmates, parolees, probationers, and pre-trial releasees - must include community-based services and must specify the program's relationship to criminal justice agencies in the community.

The applicant must specify what services will be provided by grant funds. Special attention should be given to explaining how new and existing services will be integrated. The applicant must describe provisions for assuring accessibility and availability of services throughout the service area. The applicant is required to include a description of all of the following:

1. Outreach - The applicant must describe how the project will locate and contact persons in need of treatment.

2. Intake - A detailed description of intake and admissions procedures including written admission criteria must be presented. Details of treatment modality assignment must be outlined. A description must also be provided explaining what happens to persons not admitted to the program.

3. Assessment of client needs - The applicant must state how client needs will be assessed. The applicant should explain: who will assess the needs; when it will be done; and the criteria to be used.

4. Treatment Plan - The method of developing and documenting a individidualized treatment plan for each client must be described. This must include a psycho-social history, specification of long term and short term goals, an individualized treatment plan to achieve those goals, who will be involved in its development, and the obligations of the treatment staff and the client. In addition, this section must describe the mechanism developed to assure that significant members of the treatment team meet to evaluate the appropriateness of the treatment plans and goals and to discuss the clients' progress. Provision must be made for periodic clinical supervisory notations in each clinical record that speak to the appropriateness of the treatment plan as reflected in the progress notes. The application must thoroughly discuss the clinical record-keeping process and include in the appendix to the application copies of client clinical record-keeping forms that provide for the maintenance of regular on-going progress notes. The applicant should specify what is to be included in the clinical records, who is to make entries, when they are to be made, who will review them, when they will be reviewed and the mechanisms for their safekeeping.

5. Confidentiality of client data - Applicants must describe the procedures for assuring confidentiality of client data in accordance with the Confidentiality of Alcohol and Drug Abuse Patient Records Regulations, 42 CFR Part 2, published in the Federal Register, Vol. 40, No. 127, July 1, 1975, and implementing 42 USC 4582. The description should include:

   a. Policies for the retention, security and disposal of records;

   b. Procedures to be used in releasing identifiable client information, e.g. the provision of Subpart C, especially Sections 2.31 and 2.32, and those sections relating to disclosures to employers and third-party payors, the provisions of Subpart D concerning releases to researchers and auditors, and releases pursuant to authorizing court orders in accordance with Subpart E; and,

   c. Categories of personnel with a "need to know" specific types of client information, and of how such needs will be addressed.

6. Referrals - If clients are to be referred from the alcoholism treatment project to other projects for supportive, additional, or new services, a complete description of this process must be provided. This should explain under what circumstances a client would be referred, who would make the referral decision, and how continuity of care would be insured between all agencies and/or components.

7. Treatment process - Special attention should be given to a description of the treatment process to be utilized in each component of the program. The treatment setting (outpatient, inpatient, residential, daycare, etc.) and the type of treatment (counseling, medical, and/or non-medical detoxification, AA meetings, use of Antabuse, etc.) must clearly be described. Treatment approach must reflect the program philosophy. A description must be provided to explain how clients will be assigned to counselors and how groups will be composed. The involvement of the family or significant others in the treatment process must be described. Anticipated average length of stay should be provided for each treatment component. Hours of operation must be stated and justified. Treatment services must be related to the specific needs of individual clients. An estimate must be given to the number of persons to be served by each treatment element (inpatient, outpatient, intermediate care, etc) for each budget period of the project.

8. Ancillary services - Any services that are ancillary or supportive of the treatment process must be described. This could include, for example, the provision of transportation for the client, the provision of child care or recreational activities. The description should explain the benefit of these services and why they are appropriate for the population being served.

9. Discharge from treatment and followup - The applicant must present written discharge criteria. A plan for followup or aftercare must be presented.

10. Facilities - All facilities must be described (and floor plans included in the appendix to the application, if available). Assurance must be given that all physical facilities conform to accepted State and local fire, safety, and health codes. If the facility is not yet selected, the applicant must present detailed specifications of the type of facility to be utilized for the project. The number of facilities of each type should be cited, i.e. halfway houses, day care facilities, etc. The applicant must also provide evidence that the facilities to be utilized do not hinder access and/or utilization by handicapped persons.

11. Community consultation and education - The applicant should describe, if applicable, any project plans to educate the community at large regarding alcoholism and its treatment, to offer technical assistance or training, or to conduct prevention efforts.

12. Other - Any other planned services to be provided must be completely described. This description must explain the service and why it is appropriate to the needs of the project and the needs of the persons to be served. Resources assigned to those services must also be specified.

F. Project Staffing and Organization

1. Organizational Structure

Applications must contain a description of the organizational structure of the proposed alcoholism treatment program and how it relates to the organizational structure of the applicant organization. This description should be accompanied by appropriate organizational charts. Identification of the responsibilities and authority of each of the key supervisory staff members must be included.

Proposed administrative staff must have demonstrated experience in administration. Methods of supervision and support should be described for both administrative and service staff. The applicant must outline the procedures and authorities for developing and promulgating policy within the program, including provisions for prior consultation with the Citizens Alcoholism Advisory Committee, as outlined in Section H of these Guidelines and Special Instructions and No. 4 of the Review Criteria for Alcoholism Treatment and Rehabilitation Services Grants. Where the alcoholism treatment project operates administratively as part of another agency or organization, separately identifiable grant-related financial data (current and projected budgets, revenues, and expenditures by source, with explanations of variances) must be maintained and be readily available to the Alcoholism Project Director.

Each American Indian/Alaskan Native grant application must demonstrate American Indian/Alaskan Native community health care initiatives and self-determination in keeping with the intent of the Indian Health Care Improvement Act, P.L. 94-437, and the Indian Self-Determination Act, P.L. 93-638. This American Indian/Alaskan Native legislation must be manifested by Indian control over the Board of Directors, administration, and staffing of the project.

2. Project Director

The application must provide for a full-time project director unless otherwise justified. The application must include the job description for the project director requiring proven administrative ability and experience. (See Section V of Program Announcement for Alcoholism Treatment and Rehabilitation Grants - Terms and Conditions of Support).

3. Staffing Pattern

Job descriptions should be included which describe specific functions of and required training and experience for key supervisory staff members and positions listed on the application. In the selection of project staff, consideration must be given to the employment of multidisciplinary staff and staff representing the sexual, ethnic, and cultural representation of the population to be served. Qualified degreed and nondegreed professionals may be employed, including recovered alcoholic persons. Where key supervisory staff members are already on the applicant's payroll, the applicant must submit biographical sketches for such staff that demonstrate that individuals in question have the expertise and training required.

Where a substantial number of individuals in the populations to be served by the applicant organization are of limited English-speaking ability, the applicant will:

1. Develop a plan and make arrangement responsive to the needs of such population or populations for providing services to the extent practicable in the language and cultural context most appropriate to such individuals, and

2. Identify an individual or individuals who will be employed by, or available to service providers on a full-time basis who is fluent both in that language and English and whose responsibilities shall include providing guidance to the individuals of limited English-speaking ability and to appropriate staff members with respect to cultural sensitivities and bridging linguistic and cultural differences.

3. Utilize the services of outreach workers fluent in the language spoken by a predominant number of such individuals.

4. Staff Training

The project organization and staffing plan must include specific provisions for ongoing training of staff. This may be accomplished through an inservice mechanism and/or alcoholism training programs. Descriptions including curricula or outlines of training to be provided together with a designation of persons should be related to specific job categories and activities.

5. Project Phase-In and Compliance

New projects must also include a phase-in plan, including a timetable for start-up of staff and project components. Projects must be aware of, and operate in accordance with, any licensing, accredition, or certification requirements in their States and localities. Applications must contain a discussion of this aspect of program operation, if appropriate.

G. Client Eligibility Requirements

The applicant must state the criteria for admission of clients. These may relate to a variety of factors such as: place of residence, age, sex, income, referral source, presence of psychosocial or medical problems, legal status.

The applicant must also present criteria for exclusion of persons who are otherwise eligible, while guaranteeing adherence to the Assurances and Certifications Supplement attached to this document, which must be signed by the responsible officer of the applicant agency. These might include such criteria as: project operating at capacity, no treatment modality appropriate to the particular applicant, preference given to clients unable to pay, preference given to clients living within immediate neighborhood of project, or certain findings of the project's admissions committee -- for example, client's family or living situation intrudes into treatment process in a counter-productive way, or client may be unable to participate in the type of treatment to be offered by the project.

H. Community Involvement

A citizens Alcoholism Advisory Committee to the project should be established to a) insure that the community assists in the ongoing planning and development of the program; b) assure the visibility of the alcoholism services; c) assure that the total project (e.g. treatment provided, facilities utilized, etc) is responsive to the needs of the community; and d) act as part of the quality assurance mechanism. The development, the composition, and the selection process for the Citizens Advisory

Committee should be described in the application. The Citizens Alcoholism Advisory Committee should be representative of the demographic and geographic characteristics and variables within the community to be served. Each member of this Committee should be aware of that segment of the community he, or she, is representing. The Committee's authority and the lines of responsibility and accountability should be clearly delineated to indicate its being advisory to the Program Director and the governing Board of the applicant agency. This Committee should have been intimately involved in the planning and development of the program and the grant application. This involvement should be documented in the proposal.

I. Project Evaluation

The applicant must develop an evaluation plan based on the project's goals and objectives. The plan must describe what data will be collected, a collection schedule and a description of what records will be kept. It must specify the method of collection and state to whom the various collection tasks are assigned. The application must also include an analysis plan, showing how the data will be processed, analyzed, and interpreted for each of the project's goals and objectives. The applicant must describe what roles are to be played by the Project Director, applicant agency head, Board of Directors, and/or Advisory Committee in analyzing and utilizing the evaluation data. Projects must also operate in compliance with any State requirements for monitoring or evaluation. Applications must state what these requirements are, if any.

ATTACHMENT A

Appendices

Included in this section should be documents which are supportive of information provided in the preceding sections of the program narrative, e.g. copies of proposed contracts, State forms, data forms, etc.

NIAAA SUPPLEMENT TO PHS 5161-1, PART V

REGARDING ASSURANCES AND CERTIFICATIONS BY APPLICANT FOR ALCOHOLISM TREATMENT, OCCUPATIONAL AND DEMONSTRATION/EVALUATION GRANTS

In signing the last page of this supplement, the applicant gives assurance that the program conducted as outlined in the program narrative with the assistance of a grant will be in accord with each of the stipulations appearing below:

A. All activities to be carried out under the grant will be substantially administered by or under the supervision of the applicant.

B. Federal funds made available under the Act will not supplant non-Federal funds otherwise available for carrying out the activities which are eligible for assistance under NIAAA prevention, treatment and rehabilitation grant programs, and such funds will, to the extent practical, be used to increase the level of funds otherwise available for such activities. A grant recipient will be considered to be in substantial compliance with this assurance if NIAAA finds that the aggregate level of non-Federal funds available to and spent by the grantee is no lower for any fiscal year than it was for the immediately preceding fiscal year, except that the NIAAA may take into consideration the extent to which the level of such funds for any fiscal year may have included funds for any activity of a nonrecurring nature.

C. No qualified applicant for a position supported in whole or in part from NIAAA grant funds will be denied employment solely on the basis of having or not having a prior history of alcohol abuse and alcoholism.

D. All services provided under the project will be made available on a voluntary basis (to the extent possible) without the imposition as a condition of eligibility for services of any durational residence or referral requirement, and services will be made available in such manner as to protect the dignity and rights of individuals.

E. No person shall be denied services by reason of his inability to pay for them, but the grant recipient will:
(1) Comply with 42 CFR 50.101-50.106 which, among other things, requires establishment of a plan to: (i) Institute sound fiscal management procedures so that it can recover to the maximum extent feasible third-party revenues to which it is entitled as a result of services provided; (ii) Garner all other available Federal, State, local and private funds; and (iii) Charge beneficiaries according to their ability to pay for services provided, without creating a barrier to those services; and

(2) Otherwise seek, whenever possible, to provide care under public and private health insurance plans.

F. The recipient will undertake to develop and maintain such new and existing relationships or arrangements with community mental health centers and providers of alcohol services in its service area as are sufficient to assure the availability of mental health and alcohol services to the population served by the recipient

G. The grant recipient will provide client demographic, treatment service, and resource data, as required, for the routine monitoring of treatment projects at the Federal level.

It should be understood by the applicant that the grantee must comply with the program requirements contained in the assurances. In order to avoid a lengthy narrative, NIAAA assumes that these assurances will be fully implemented by the applicant within the grant period. Documentation must be available regarding any of the assurances upon request of NIAAA which will monitor compliance with the program requirements in the assurances and narrative during the grant period.

LEGAL NAME OF APPLICANT AND ADDRESS	NAME AND TITLE OF RESPONSIBLE OFFICER (Type or Print) TELEPHONE NUMBER: SIGNATURE OF RESPONSIBLE OFFICER DATE